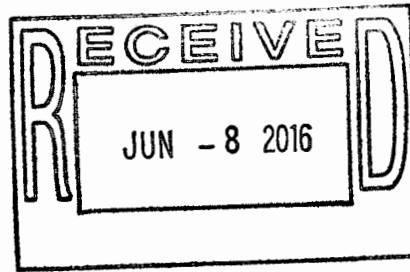


GJP**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**Jerry Anthony Cadet*(In the space above enter the full name(s) of the plaintiff(s).)***- against -**The Owners of Berks County Jail, Warden
Janine L. Quigley, C. Deputy Warden Smith,
and Captain Torres*(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)***I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Jerry Anthony Cadet
ID # 2006-3850
Current Institution Berks County Jail
Address Berk County Jail 1287 County Welfare Road
Leesport, PA 19533

**16 2829****COMPLAINT**

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name C.D.W.-Smith Shield # _____
 Where Currently Employed Berks County Jail
 Address Berks County Jail 1287 County Welfare Road
Leesport, PA 19533

Defendant No. 2 Name Warden - Janine L. Quigley Shield # _____
 Where Currently Employed Berks County Jail
 Address Berks County Jail 1287 County Welfare Road
Leesport PA 19533

Defendant No. 3 Name Captain - Torres Shield # _____
 Where Currently Employed Berks County Jail
 Address Berks County Jail 1287 County Welfare Road
Leesport PA 19533

Defendant No. 4 Name The Owners of Berks County Jail Shield # _____
 Where Currently Employed Berks County, Pennsylvania
 Address Berks County Pennsylvania

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Berks County Jail

B. Where in the institution did the events giving rise to your claim(s) occur? In my cell
(H-unit cell 204)

C. What date and approximate time did the events giving rise to your claim(s) occur? Starting

2/13/16 to Now (still happening).

What
happened
to you?

D. Facts: I've been unable to sleep for several months because Berks County Jail keeps the lights on in the cells 24 hours a day and 7 days a week. It is a light induced suppression of melatonin. Therefore I experience severe headaches and pain through out my body from a complete lack of sleep. I'm in constant pain. I can't rest at all.

Who
did
what?

Captain Torres, Warden Janine L. Quigley, and C Dew Smith refuse to turn off the light at night. They have the power to give orders but refuse to do so.

Was
anyone
else
involved?

Probably the entire jail. I know my cellmate for a fact.

Who else
saw what
happened?

The entire jail, and my cellmate Theodore C. Yeagley.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Severe migraine headaches on a daily basis, suppression of the production of melatonin, and pain through out my whole body from a lack of sleep.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Berks County Jail

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

At Berks County Jail

1. Which claim(s) in this complaint did you grieve? melatonin suppression, migraine headaches and body pain from lack of sleep.

2. What was the result, if any? They answered some forms but not any of my grievances.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I continued to write and was answered by different levels of Officers including the warden but the grievances were never answered. The Lt.'s answer them anyhow in Berks County Jail or the Captain.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Captain Torres spoke to me once and denied my request to have the light off sometimes even as I sat before him in pain from the situation with the lights. A lot of the grievances that I've been filing since February and communication forms were never returned to me ironically.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I've had to suffer from 2/13/16 to ... for pain and suffering asking for \$11,900 for each day from 2/13/16 - 5/31/16 which amounts to 119 days.

3. Docket or Index number _____

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4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____


6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28 day of May, 2016.

Signature of Plaintiff 

Inmate Number 2006-3850

Institution Address Berk County Jail
1287 County Welfare Road
Leesport, PA 19533

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 28 day of May, 20 16, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Jerry Cant